

SERENAGROUP NEWSLETTER

Building the Nations Leading Wound Care Team

WOUND CARE IN THE TIME OF COVID-19



THOMAS SERENA, MD, CEO

2020 taught us that wound care is an essential service. As wound centers closed across the United States, the number of diabetics who developed gangrene doubled and amputation rates soared. Throughout the pandemic, SerenaGroup® asserted that interrupting the care of patients with chronic wounds would lead to an increase in complications such as infection, gangrene, sepsis, and amputation. All SerenaGroup® centers remained open, caring for medicine's most vulnerable patients. I personally want to congratulate the staff, nurses, and physicians in our centers for their limb and lifesaving efforts. You are essential.

In 2020 SerenaGroup® took the lead in measuring quality. For years, the wound care field relied on healing rates and times to healing; however, these are not quality metrics. The science of quality requires the development of metrics that lead to improved quality such as off-loading diabetic foot ulcers and compression for venous leg ulcers. Congratulations to our team for establishing our innovative program. We measure what matters.

In 2020 we launched the Pretreatment Assessment Tool (SG-PAT™). This preauthorization tool uses templates and check lists to ensure medical necessity documentation. Success of the SG-PAT™ has enhanced patient care and improved the financial health of our centers.

2020 saw an increase in our educational offerings including physician journal club, on-line webinars and hyperbaric technician and nursing education. We held our first in-person Challenges in Wound Care courses combining didactic and hands-on education. Despite the pandemic, we were able to hold a half dozen Introduction to Hyperbaric courses, following social distancing guidance. The show must go on.

This year our physicians and nurses submitted 19 manuscripts for publication with a dozen having already gone to press. This included the world's first publication on the use of hyperbaric oxygen to prevent the need for mechanical ventilation in patients with severe COVID19. Our hegemony in clinical research will continue into 2021 as we continue to collect and publish data from our quality initiatives and clinical trials.

The future is promising. I am proud and thankful for the SerenaGroup® and affiliated staff, nurses and physicians who have joined me on this amazing journey.



Hyperbaric Oxygen Therapy



Tim Mayhugh, National Safety Director

What is Hyperbaric Oxygen Therapy?

Hyperbaric oxygen therapy (HBOT) is a medical treatment that enhances the body's natural healing process by the inhalation of 100% oxygen in a total body chamber where atmospheric pressure is increased and controlled. It is used for a wide variety of treatments, usually as part of an overall medical care plan.

How long are the treatments?

You will be placed in a HBO chamber for a period of 120 minutes each day. A typical Hyperbaric treatment will take two and a half hours from arrival to departure. This does not include the time you need to travel to the facility and change into appropriate clothing before and after your treatment.

How many treatments are required?

Based on your diagnosis and your response to treatment, the number of treatments and duration of each treatment will be determined by your physician. Typical patients require 30-40 visits daily, Monday through Friday, except for holidays and weekends.

Is Hyperbaric Oxygen Therapy safe?

Yes. Hyperbaric Oxygen Therapy is prescribed by a physician and you are under medical supervision throughout your treatment. You are monitored by a specially trained Hyperbaric Technologist who remains with you in the treatment room at all times. A trained hyperbaric physician is always available.

Are there any side effects?

The most common side effect is barotrauma to the ears and sinuses caused by the change in pressure. To minimize this risk, you will learn techniques to promote adequate clearing of the ears during compression. In cases when



you have problems with pressure equalization, tubes may be inserted into your ears. In most cases, you may experience 'popping and/or cracking' at night after the first 2-3 treatments. It will subside and it is not a matter of concern. Occasionally, some patients may experience changes in their vision during the treatment period. These changes are usually minor and temporary. A rare side effect is oxygen toxicity which is caused by the administration of too much oxygen.

How should patients prepare for their hyperbaric treatment?

Patients should arrive for treatment 15 minutes prior to the scheduled treatment time. Only clean cotton clothing provided by the center is allowed in the hyperbaric chamber. No cosmetics, perfumes, hair products, deodorants, wigs, under clothing, eyeglasses or jewelry are allowed in the chamber. Patients are also advised not to drink carbonated beverages or alcohol for four hours prior to their treatment. Additionally, patients should give up smoking and nicotine products while receiving hyperbaric treatments as they interfere with the body's ability to transport oxygen. Patients with diabetes are prone to hypoglycemia (low blood sugar) when their bodies do not have enough sugar to use as energy. Each person may have different symptoms. Please help to recognize your symptoms as your blood glucose can drop by an unpredictable amount during your treatment. We will check your glucose level before and after each treatment. We will not treat you if it is below 120; however, a high level will delay wound healing. We will work with you to help control your blood glucose levels.



OIG/CMS gives us Treats and Tarts for 2021

Matt Schweyer, CQO



Happy New Year! As we roll into 2021, a few treats to savor. First, the Outpatient Prospective Payment System: This year the government has awarded us with a 2.6% adjustment to last year's fee (eg. CPT code G0463 gained an increase of around \$3.22 or a payment rate--National Average--of approximately \$124.00). Both CPT code 0598/8T have reimbursement and APC assigned this year: Good News for those who have an **Antibiotic Stewardship Program** and for programs looking to **Measure what Matters** as it relates to bioburden in chronic ulcers. Second, CMS is reworking E&M (Evaluation and Management) codes for providers. The basement codes CPT 99201 and 99211 have vanished; however, there is an add on code for more complex care. Please ensure that your providers are aware of this and that **ONLY** traditional Medicare has adopted the change! Lastly, there have been some changes to the SI (Status Indicators) and movement in the APC (Ambulatory Payment Classification); some good, some not so good. However, I am happy to report there were no reductions or elimination of CPT codes in our service line and the decision to change the reimbursement structure for CTP (Cultured Tissue Products) did not pass muster this year!

CMS has moved forward in allowing WPS (Wisconsin Physician Services) MAC region(s) to move forward with PPR (Post Payment Review) audits. We anticipate the timelines to be robust and we already have hospital partners on notice and in the audit process. In our December webinar, we discussed PPR audits with the SerenaGroup tools that are available to support our affiliated hospitals.

Our tools allow for medical necessity, orders, documentation, and completeness of the encounter and are keys to success. However, if there are missing elements, payment is recouped by the government for that encounter(s). It is key to have a good working relationship with the hospital HIM Department (Receivables - ADR and PTANS) to ensure effective communication. SerenaGroup strives to build relationships with our hospital partners.

In a review of the semi-annual update to the OIG (Office of Inspector General) workplan, **Non-selective and Selective Debridements** are on the list and will fuel the above PPR audits. Additionally, the OIG has added **Review of Post-Operative Services Provided in the Global Surgery Period**. Admittedly, this is a forward facing review that is focused on the surgeons and care they provide postoperatively. However, on many occasions our woundologist are asked to be involved in the Plan of Care. We should be cognizant and ensure that our providers are aware of modifier 55 and elements that they need to communicate to the surgeon, inclusive of the Transfer of Care Agreement, that must be in the patient's record, indicating that you are actively involved in the plan of care.

Saved the best **TREAT** for 2021 to discuss last. The SG "**Measuring what Matters**" Quality Score Card. As SG begins to roll this out, the wound care industry is intrigued as they are looking at the SG Quality Score Card to gain more understanding as healing rates and percentage of wound closure are not aligning with the quality metrics they report to CMS.

SerenaGroup is once again the leader in the industry. We are proud of the hard work, education and dedication that was put into the Quality Score Card and look forward to educating the Wound Care Industry on how to report **Measures that Matter**.



SerenaGroup Education

SerenaGroup recognizes that the key to continued success with positive clinical outcomes is education. Education is provided through different platforms to ensure the tools are available to our centers. Topics for December Education included (but not limited to):

- Journal Club: Radiation Cystitis
- HBO Safety: Ear Barotrauma
- Monthly Education: Joint Commission
- Roundtable Compliance

Education is one of many key benefits to partnering with SerenaGroup. We are Building the Nation's Leading Wound Care Team.

UPCOMING ON-SITE EDUCATION



40hr Hyperbaric Course
January 21-23, 2021
West Palm Beach, FL

Register at
www.serenagroupinc.com/events

SerenaGroup Blue Star Winner



Amber Wile, HBO Tech

Amber was willing to work in other areas of the hospital throughout the COVID-19 crisis to ensure patients were taken care of with the proper treatment.



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